



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
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TRICARE  
MANAGEMENT ACTIVITY

MB&RS

CHANGE 19  
6010.54-M  
MARCH 3, 2005

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to the 6010.54-M, issued August 2002.

**CHANGE TITLE:** CONSOLIDATED CHANGE PACKAGE

**PAGE CHANGE(S):** See pages 2 and 3.

**SUMMARY OF CHANGE(S):** This package includes standard of care changes; new sections on Lung Volume Reduction Surgery (LVRS); Home Prothrombin Time (PT) International Normalized Ration (INR); Anesthesiologist Assistant; and numerous clarifications.

**EFFECTIVE DATE:** May 1, 2005 or as specified in Policy.

**IMPLEMENTATION DATE:** May 1, 2005.

This change is made in conjunction with Aug 2002 TOM, Change No. 22 and Aug 2002 TRM, Change No. 25.

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ATTACHMENT(S): 72 PAGE(S)

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## SUMMARY OF CHANGES

1. **Introduction.** Provides information on TRICARE policy over local (contractor) policy and instruction when TRICARE policy is silent.

### CHAPTER 4

2. Section 8.1 (**Respiratory System**). Deleted exclusion of Lung Volume Reduction Surgery (LVRS).
3. Section 8.2 (**Lung Volume Reduction Surgery (LVRS)**). New Section. Adds coverage of LVRS.
4. Section 9.1 (**Cardiovascular System**). This change added criteria for implantation of ventricular assist devices as destination therapy. Changed procedure code range 92950 - 93572 to 92950 - 93581.
5. Section 13.1 (**Digestive System**). Revised CPT1 procedure code range to 40899-49999 and deleted exclusion "Percutaneous interstitial thermal ablation for the treatment of hepatic cancer is unproven."
6. Section 14.1 (**Urinary System**). Transurethral Needle Ablation (TUNA) (CPT1 code 53852) of the prostate is unproven; thus it was deleted from the list of exclusions.
7. Section 15.1 (**Male Genital System**). Deleted CPT1 code 55870 and revised exclusion of cryosurgery for prostate metastases to read that M or N is unproven.
8. Section 17.1 (**Female Genital System**). Adds criteria to coverage for Uterine Artery Embolization (UAE) for uterine fibroids.
9. Section 20.1 (**Nervous System**). Deleted exclusion "Dorsal column and deep brain electrical stimulation for the treatment of motor function disorders are unproven".
10. Section 24.7 (**Simultaneous Pancreas-Kidney, Pancreas-After-Kidney, And Pancreas-Transplant-Alone**). Revised the exclusion of pancreas islet transplants to autologous islet cell transplantation (CPT1 procedure code 48160) for the treatment of chronic pancreatitis. Allogeneic islet cell transplantation for the treatment of diabetes mellitus.
11. . Section 24.9 (**Donor Costs**). Clarified the provisions for coverage of donor costs.

## **SUMMARY OF CHANGES (Continued)**

### **CHAPTER 6**

12. . Section 2.1 (**Transfusion Services For Whole Blood, Blood Components And Blood Derivatives**). Clarified that preoperative collection, processing, and storage of autologous blood is included within the DRG payment. No separate payment is allowed.

### **CHAPTER 7**

13. 13. Section 2.1 (**Clinical Preventive Services - TRICARE Standard**). Added CPT2 procedure code 82274 (immunochemical fecal occult blood test) to the covered clinical preventive services for TRICARE Standard.
14. 14. Section 2.2 (**Clinical Preventive Services - TRICARE Prime**). Added CPT2 procedure code 82274 (immunochemical fecal occult blood test) to the covered clinical preventive services for TRICARE Prime.

### **CHAPTER 8**

15. Section 2.5 (**Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor**). New Section. Adds coverage of Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor.
16. Section 9.1 (**Pharmacy Benefits Program**). Added statement to Policy to reference prior authorization requirement.
17. Section 13.1 (**Adjunctive Dental Care**). Revised policy to allow coverage for any dental metal amalgam/alloy hypersensitivity.

### **CHAPTER 10**

18. Section 4.1 (**Continued Health Care Benefit Program (CHCBP)**). Adds clarification defining adverse conditions "as characterized by the Secretary concerned".
19. Section 5.1 (**Transitional Assistance Management Program (TAMP)**). Added Demonstrations to Policy. 2 CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 11

20. Section 3.4 (**Nurse Anesthetist**). Retitled section from “Nonphysician Anesthetist”, added new description (paragraph I.), moved Anesthesiologist Assistant (AA) section to separate issuance, and revised paragraph II.3 by adding “or its successor organization”.
21. Section 3.4A (**Anesthesiologist Assistant (AA)**). New Section. Anesthesiologist Assistant (AA) section moved from Chapter 11, Section 3.4, added new description (paragraph I.), and added paragraph II.A.1.d.

### CHAPTER 12

22. Section 11.1 (**Managed Care Support Contractor (MCSC)**) Responsibilities For Claims Processing). Paragraph V.D.10. changed “retrospective” to “retroactive”.